U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM Calendar Year Covered by this Report: I. Employer: Company Name: Doing Business As (DBA) Name (if applicable):_____ E-mail: Name of Certifying Official: Signature: Date Certified: Telephone: () Telephone: () Prepared by (if different): C/TPA Name and Telephone (if applicable): Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate: FMCSA – Motor Carrier: DOT #: _____ Owner-operator: (circle one) YES or NO ___ FAA – Aviation: Certificate # (if applicable): ____ Plan / Registration # (if applicable): ___ RSPA – Pipeline: (Check) Gas Gathering __ Gas Transmission __ Gas Distribution __ Transport Hazardous Liquids __ Transport Carbon Dioxide ___ FRA – Railroad: Total Number of observed/documented Part 219 "Rule G" Observations for covered employees: ____ USCG – Maritime: Vessel ID # (USCG- or State-Issued): (If more than one vessel, list separately.) FTA – Transit II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories: (B) Enter Total Number of Employee Categories: **(C)** If you have multiple employee categories, complete Sections I **Total Number of Employees Employee Category** and II (A) & (B). Take that filled-in form and make one copy in this Category for each employee category and complete Sections II (C), III, and IV for each separate employee category. III. Drug Testing Data: 2 3 7 9 4 5 8 10 12 13 11 Refusal Results Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12] Fotal Number Of Test Results ~ For One Or More Drugs Amphetamines Verified Negative Results "Shy Bladder" ~ With No Medical Other Refusals To Cancelled Results Verified Positive Positive For Cocaine Positive For Opiates Positive For PCP Positive For Positive For Marijuana Explanation Adulterated Substituted Submit To **Testing** Type of Test Pre-Employment Random Post-Accident Reasonable Susp./Cause Return-to-Duty Follow-Up TOTAL IV. Alcohol Testing Data:

	1	2	3	4	5	6	7	8	9
	al	ų	ч			T	Refusal Results		
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
Pre-Employment									
Random									
Post-Accident									
Reasonable Susp./Cause									
Return-to-Duty									
Follow-Up									
TOTAL									

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Title 18, USC Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements of representations in any matter within the jurisdiction of any agency of the United States.